

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 857653	RECEIPT DATE:	06 / 07 / 01
IA NUMBER: PCT/	DE99 / 03806	IA FILING DATE:	12 / 01 / 99
FAMILY NAME:	RAAF	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	BERNHARD	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	12 / 07 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	112740-197	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
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APPLICATION TITLES:  
 METHOD MOBILE STATION AND BASE STATION FOR DATA TRANSMISSION IN A MOBI  
 LE RADIO SYSTEM

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 9871

<b>SERIAL NUMBER</b> 09/857,653	<b>FILING DATE</b> 06/07/2001 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2681	<b>ATTORNEY DOCKET NO.</b> 112740-197	
<b>APPLICANTS</b> Bernhard Raaf, Muenchen, GERMANY; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/DE99/03806 12/01/1999 <u>Yes</u> <u>KM</u> <b>** FOREIGN APPLICATIONS *****</b> GERMANY 19856401.5 12/07/1998 <u>Yes</u> <u>KM</u>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>KM</u> Examiner's Signature <u>[Signature]</u> Initials <u>KM</u>		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Bell Boyd & Lloyd 70 West Madison Street Suite 3300 Chicago ,IL 60602-4207 # 29171					
<b>TITLE</b> Method, mobile station and base station for data transmission in a mobile radio system					
<b>FILING FEE RECEIVED</b> 1022	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		